

<b>Title</b>	<b>Chlamydia/Gonorrhea Collection and Transport</b>
<b>Specimen Requirements</b>	Urine level in the urine transport tube must fall between the two black indicator lines on the tube label. Swab specimen transport tube must contain only the blue swab.
<b>Sampling Materials</b>	Female/male urine specimens, urethral swabs and endocervical swabs should be collected using appropriate specimen collection kit following instructions provided in each kit package insert. Sample Container: Gen-Probe APTIMA Combo 2 Assay Unisex Swab Specimen Collection Kit for Endocervical and Urethral Swab Specimens, and the APTIMA Combo 2 Assay Urine Specimen Collection Kit for Male and Female Urine Specimens
<b>Procedural Notes</b>	<ol style="list-style-type: none"> <li>1. Be sure to properly label the specimen tube with at least the patient's name and date of collection.</li> <li>2. Check the expiration date on the tube to ensure product is acceptable and will continue to be acceptable once received at the ISDH laboratory.</li> <li>3. Urine and swab specimen must be stored between 2-30 °C. Swab specimen must be tested within 60 days of collection. Urine specimen must be tested within 30 days of collection. If longer storage is required freeze specimen at -20 °C to -70 °C for up to 90 days.</li> <li>4. Complete a request form for each specimen with the following information: <ol style="list-style-type: none"> <li>a. Name, birth date, race, and sex of patient</li> <li>b. Specimen type and date of specimen collection</li> <li>c. Date of symptom onset</li> <li>d. Suspected disease agent</li> <li>e. Complete patient history, travel history, and other relevant informationf. Submitting clinic information- clinic name, address, phone number, fax number, contact name and email address (if available).</li> </ol> </li> </ol> <p>Only specimens approved by Indiana Family Health Council are eligible for testing.</p>
<b>Shipping Instructions</b>	Triple contained in accordance with federal shipping regulations for diagnostic specimens. Required Request Form: LimsNet Cover Sheet for LimsNet submissions, or ISDH Chlamydia/Gonorrhea Request form for mail submissions.Transport Temperature: 2-30 °C
<b>Reporting and TAT</b>	Five business days.